

FY18 MPR Changes

What's New and What 's NOT New

What's New

Age Range

Effective October 1, 2017, the CAHC Program will no longer make a specific distinction between “elementary” and “adolescent” health centers. But what does that mean for the School Wellness Program (SWP)? SWPs were originally designed to serve middle and high school students (ages 10-21). Over the years, some programs found the need to serve elementary students as the school grade level structures changed overtime (i.e. going from a 3-8 building to a K-5 building).

The revised language found in the ELEMENT DEFINITION section of the MPR's now defines the broadened age range to allow sites the opportunity to serve younger students on a case-by case basis, when need is demonstrated.



Provider Hours

In the past, the SWP MPR's outlined specific requirements around provider hours. The new MPRs now simply state "full-time" instead of a prescribed amount of hours, allowing the fiduciary to determine (based on need) what "full time" should look like (between 30 and 40 hours per week.) As far as the verbiage "full-time during the school year", this change speaks to the continuous question of whether or not the SWPs need to stay open during the summer months. The SWPs are required to remain open at full-time status during the school year (as defined by the school district/system) for the population served. Remaining open outside of this requirement is up to the fiduciary to decide depending on funding, need and staffing.

A Note about Billing

As a number of SWPs have begun billing for services, two new MPRs (MPR #21 and #22) were added to align with billing requirements of the CAHC programs. *These MPRs are only applicable to those SWPs that bill for services.*

EBIs with Fidelity

Evidence-Based Interventions (EBIs) have always been required of the SWPs. Language has been added to the MPRs to clarify that EBIs should be implemented *with fidelity* to offer the best chance of effective implementation.

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What's New, continued

Nursing and Mental Health Peer Review

BOTH nursing and mental health services are required to be peer reviewed. However, specific direction is not provided for chart/medical record review by the program Medical Director. A process for chart/service review, conducted by the Medical Director, is a decision for the sponsoring agency and staff.

Another change to note is that other “peer-level” staff of the sponsoring agency can assist with client record review. For example, a sponsoring agency may have several mental health providers functioning in a similar role with a similar age group as the SWP provider, but in a different setting or with different credentials (e.g., Psychologist or Psychiatric NP). These providers could also conduct chart reviews for the SWP mental health provider.

What's NOT New

Unduplicated User Number

A minimum unduplicated user (client) requirement is still in place for the SWPs; however, to be consistent with the CAHC program, this verbiage was moved to the Request for Funding Proposal (RFP)/Non-Competitive Application Proposal (NCAP). The minimum unduplicated user number will remain at 350 users, with a ratio of 1 FTE for every 750 students, unless otherwise specified.



Liability Coverage

Liability remains the responsibility of the sponsoring agency as outlined in the signed contract; however, this verbiage was removed from the MPR's to be consistent with the CAHC program, as the MPR was determined not to be the most appropriate place for this requirement.

Medical Director Role

The SWP has not historically defined the methods of supervision (e.g., onsite supervision, chart review, accessible by phone, regular program meetings, etc.) that nursing staff must have in place with the Medical Director; this is determined by the sponsoring agency. Nothing has changed with the requirements of the Medical Director in respect to the oversight of the program. The wording has only been revised to make the functions of the Medical Director more clear.

If your process has been to have the Medical Director review and approve clinical policies, procedures, protocols and standing orders, your program is in line with the current wording of MPR #9. The Medical Director must be a physician, not a mid-level provider. Remember that a mid-level provider, regardless of their administrative role, cannot approve clinical policies and procedures for SWPs.

